

MEDICAL OPERATIONAL GRADE SHEET							
NAME OF STUDENT (Last, First, MI)		GRADE		DATE		CLASS	
SIGNATURE OF STUDENT		NAME OF INSTRUCTOR			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL		
CRITIQUE AREA		P	F	CRITIQUE AREA		P	F
PRIMARY SURVEY				LOWER EXTREMITY EXAMINATION			
Determine level of consciousness		<input type="checkbox"/>	<input type="checkbox"/>	Examine for deformity, soft tissue injury & pain		<input type="checkbox"/>	<input type="checkbox"/>
CRITICAL AREAS (must pass all subtasks)				Check for sensation		<input type="checkbox"/>	<input type="checkbox"/>
				Check distal pulses		<input type="checkbox"/>	<input type="checkbox"/>
Establish airway		<input type="checkbox"/>	<input type="checkbox"/>	Check for medical alert symbol		<input type="checkbox"/>	<input type="checkbox"/>
Ensure breathing		<input type="checkbox"/>	<input type="checkbox"/>	TREATMENT OF INJURIES			
Check circulation		<input type="checkbox"/>	<input type="checkbox"/>	CONTROL OF BLEEDING			
Check for severe bleeding		<input type="checkbox"/>	<input type="checkbox"/>	Identify bleeding site and visualize wound		<input type="checkbox"/>	<input type="checkbox"/>
VITAL SIGNS				Apply immediate pressure / pressure point		<input type="checkbox"/>	<input type="checkbox"/>
Take pulse for 30 seconds		<input type="checkbox"/>	<input type="checkbox"/>	Properly apply dressing		<input type="checkbox"/>	<input type="checkbox"/>
Take respirations for 30 seconds		<input type="checkbox"/>	<input type="checkbox"/>	Properly apply bandage		<input type="checkbox"/>	<input type="checkbox"/>
SECONDARY SURVEY				Check distal pulse after application		<input type="checkbox"/>	<input type="checkbox"/>
HEAD EXAMINATION				Follow up		<input type="checkbox"/>	<input type="checkbox"/>
Check for bleeding wounds and deformities		<input type="checkbox"/>	<input type="checkbox"/>	IMMOBILIZE FRACTURE			
Check for blood / fluid in the ears		<input type="checkbox"/>	<input type="checkbox"/>	Identify fracture		<input type="checkbox"/>	<input type="checkbox"/>
Check for blood / fluid in the nose		<input type="checkbox"/>	<input type="checkbox"/>	Check circulation, sensation and movement		<input type="checkbox"/>	<input type="checkbox"/>
Check for blood / fluid in the mouth		<input type="checkbox"/>	<input type="checkbox"/>	Maintain correct extremity support		<input type="checkbox"/>	<input type="checkbox"/>
Check pupils		<input type="checkbox"/>	<input type="checkbox"/>	Organize and prepare materials		<input type="checkbox"/>	<input type="checkbox"/>
SPINAL EXAMINATION				Pad splint properly		<input type="checkbox"/>	<input type="checkbox"/>
Examine cervical spine for deformities		<input type="checkbox"/>	<input type="checkbox"/>	Place fracture in correct anatomical position		<input type="checkbox"/>	<input type="checkbox"/>
Examine thoracic spine for deformities		<input type="checkbox"/>	<input type="checkbox"/>	Secure splint properly		<input type="checkbox"/>	<input type="checkbox"/>
Examine lumbar spine for deformities		<input type="checkbox"/>	<input type="checkbox"/>	Check distal pulse after application		<input type="checkbox"/>	<input type="checkbox"/>
Examine sacral spine for deformities		<input type="checkbox"/>	<input type="checkbox"/>	TREAT FOR SHOCK			
Examine coccygeal spine for deformities		<input type="checkbox"/>	<input type="checkbox"/>	Conserve body heat		<input type="checkbox"/>	<input type="checkbox"/>
CHEST EXAMINATION				Elevation		<input type="checkbox"/>	<input type="checkbox"/>
Examine for deformity & tenderness		<input type="checkbox"/>	<input type="checkbox"/>	Give psychological support		<input type="checkbox"/>	<input type="checkbox"/>
Check for medical alert symbol		<input type="checkbox"/>	<input type="checkbox"/>	VITAL SIGNS			
ABDOMINAL EXAMINATION				Take pulse for 30 seconds		<input type="checkbox"/>	<input type="checkbox"/>
Examine for tenderness, pain and rigidity		<input type="checkbox"/>	<input type="checkbox"/>	Take respirations for 30 seconds		<input type="checkbox"/>	<input type="checkbox"/>
PELVIC GIRDLE EXAMINATION				OVERALL			
Examine with push / pull method		<input type="checkbox"/>	<input type="checkbox"/>	Call for help		<input type="checkbox"/>	<input type="checkbox"/>
UPPER EXTREMITY EXAMINATION				Check of shock		<input type="checkbox"/>	<input type="checkbox"/>
Examine for deformity, soft tissue injury & pain		<input type="checkbox"/>	<input type="checkbox"/>	Get medical history		<input type="checkbox"/>	<input type="checkbox"/>
Check for sensation		<input type="checkbox"/>	<input type="checkbox"/>	Get accident history		<input type="checkbox"/>	<input type="checkbox"/>
Check distal pulses		<input type="checkbox"/>	<input type="checkbox"/>	Monitor level of consciousness		<input type="checkbox"/>	<input type="checkbox"/>
Check for medical alert symbol		<input type="checkbox"/>	<input type="checkbox"/>	Maintain patient safety		<input type="checkbox"/>	<input type="checkbox"/>
TOTAL POINTS POSSIBLE				Communicate with victim		<input type="checkbox"/>	<input type="checkbox"/>
POINTS RECEIVED							

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).